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B.—WRITE

STATE OF MA	ARYLAND-	CERTIFICA	TE OF	F DEATH
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1	y	4	V	70	ж.

1. PLACE	OF DEATH				70,1	
County_	Carroll				Registration Dist. No	7 4/4
/	residence in city or			l (lf	NoSpringfield State Hospittl death occurred in a hospital or institution, give its NAME instead of street and 17 ds. How long in U.S. If of foreign birth? yrs. n	ward number)
2. FULL I	NAME Jes	se E.	Baker			
				s of City	Charitiward. Baltimore, Md. If nonresident give city or town and	d State
PERS	ONAL AND	TATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR Whi			RIED, WIDOWED, D (write the word) 1 ed	21. DATE OF DEATH July 18th (Month) (Day)	, 193 2 (Year)
5a. If married, wi HUSBAND ((or) WIFE o	idowed, or divorced of Unkn	own			22. HEREBY CERTIFY, That I attended June 1, 19 21 to July 18,	deceased from
6. DATE OF BIR	TH (month, day, and	year) 1/	8/1876		I last saw h im aliva on July 18, 19 32	; death is said
7. AGE	Years 56	Months	Oays	If LESS than I day,hrs. ormin.	to have occurred on the data statad above, at 5.55 m ² · M · The PRINCIPAL CAUSE OF DEATH and related causes of importance wage as follows:	
& Trade, pi kind SAW	& Trade profession or particular				Lobar Pneumonia	Date of enset
	or business in which was done, as SILK MILL, BANK, etc		1			1932
O this o	ceased last workad a occupation (month ar	Unk.	spa	ime (years) nt in this upation	Other Coutributory Causes of Importance:	-
12. BIRTHPLACE (State or	(city or town) B; country)	altim	ore,		Dementia Praecox	Prior
13. NAME (. W. Bal					1921
(Stat	ACE (city or town) e or country)		timore land.		Name of operation None Examinations What test confirmed diagnosis? Was there an	autopsy?No
15. MAIDEN	ACE (city or town)	A. E. Balt			23. If death was dua to axtarnal causes (VIOLENCE) fill In also tha followin Accidant, suicida, or homicide?	g:
17, INFORMANT	e or country)	ield (records	Whera did Injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL	te) .ACE.
18 BURIAL, CREI	MATION, OR REMOV		y Date July	119,1934	Manner of injury	
19. UNOERTAKER (Address)		esri	ele ?	nd,	24. Was disease or Injury In any way ralated to occupation of deceased? If so, specify	N
20. FILED Ju	ly 18,193	v C	Harry	New Registrar.	(Signed) The Morris (Address) (D. D. H.) Rykesville Ma	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	.	Frample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		7 10	
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

should

PHYSICIANS

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certificate properly

important

Every SCORD.

BINDIN

FOR

RESERVED may pluods se that in plain terms, carefully DEATH should be CAUSE OF mation

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sahatorium 1. PLACE OF DEATH Colored Branch County Carroll Registration Dist. No. 74 Village or City Henryton, Maryland, No. (800Ve) St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town whare death occurred Oyrs 11 mos, 17 ds. How long in U.S. if of foreign birth? yrs, mos, ds. 2. FULL NAME Alice Barbee (a) Residence: No.310 Camel St., Baltimore, \$4.d. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female Colored Married 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased trom (or) WIFE ot James Barbee July, 17, 1931, 10 July, 4, last saw h er alive on July, 4, Sept., 1, 1911 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above at 7.00 Pm.M. 7. AGE Months It LESS than Davs 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importance or____min. Date of onset Pulmonary Tuberculosis 8. Trade, protession, or particular kind of work dona, as SPINNER, OCCUPATION Housewife SAWYER, BOOKKEEPER, etc.___ 9. I dustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc ... 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this Unknown 12. BIRTHPLACE (city or town) Virginia (State or country) FATHER Robert Foster 13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there an au'opsy? ___ Turner 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Unknown Accident, suicide, or homicida?______ Data of injury______ 19_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) John E. O'Neill, Specity whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) Henryton. 18. BURIAL EREMATION, OR REMOVAL Manner of injury Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED 7/4/32 (Signed). Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I ED	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage. RUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

of OCCUPA-

statement

Exact

stated EXACTLY.

AGE should be

properly classified.

certificate.

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See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

18. BURIAL

20. FILED.

19. UNDERTAKER

(Address)

mation should be carefully supplied.

STATE OF MARYLAND— 1. PLACE OF DEATH County Carroll Village or City Hampsterd	Registration Dist. No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred to yrs mos. 2. FULL NAME (a) Residence: No. (Usual place of abode)	Bemblitz St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or theoreted HUSBAND of Color or RACE OR DIVORCED (write the word) A COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and wear) Curz 21-1847 7. AGE Years Month Days If LESS than 1 day, his. or min.	1 HEREBY CERTIFY. That I attended deceased from 1937, to 1937 to 1937 death is said to have occurred on the date stated above, at
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 13. NAME Servey Benefits 14. BIRTHPLACE (city or town)	Name of operation
(State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Washing 18. Washing 18. Washing 18. Washing 19. Wa	What test confirmed diagnosis? Was there an eulopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury___

24. Was disease or injury in eny way related to occupation of deceased?___

If so, specify

(Signed) WRSh M. M. (Address) Marchaele M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONATI	SILLUE	FUIL	L OPPRINT	STUTIMENTS	101	THISTOTALL

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		CERTIFICATE OF DEATH
1.	PLACE OF DEATH	(3)
	County Carroll	Registration Dist. No.
	Village or City Lykesville	No. I Mongfield of ale Norfit al St, Wa death occurred in a hypotral or institution, give its NAME instead of street and number)
		25 ds. How long In U.S. if of foreign birth?mos
2	FULL NAME Samuel J. Belt	
_	(a) Residence: No. Relay, Md.	St. Ward. Baltimone Md.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	OR BUILD COR () II - II	21. DATE OF DEATH Color 14th
	hale Xthite Midowed	(Month) (Day) (Year)
5a.	If married, wildowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased for
	(or) WIFE of Unknown	June 11 1931 to July 14 193
6. D	DATE OF BIRTH (month, day, and year) butenon hukewon 1845	Hast saw hum alive on July 13 2; death is s
7. A		to have occurred on the date stated above, at 4.15 a.m.
	87 hukurun Hukurun 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z	8. Trade, profession, or particular	Chart.
NOL	8. Trade, profession, or particular kind of work done, as SPINNER, Physician SAWYER, BOOKKEEPER, etc.	General arteriosclerosus 1923
JPA	9. Industry or business in which work was done, as SILK MILL, General Practitioner	
OCCUPAT	SAW MILL, BANK, etc	
0	10. Date decoased last worked at this occupation (month and lunknon spent in this where year)	
10	BIRTHPLACE (city or town) unknown	Other Contributory Causes of importance:
14.	(State or country) manyland.	Chronic Interstitual Nephritis 193:
ER	13. NAME astorn Belt	,
FATH	14. BIRTHPLACE (city or town) Brince Beogr's Cv.	Neme of operation Nome Date of
<u>E</u>	(State or country) Md.	What lest confirmed diagnosis? Process signs & laboration funding.
HER	15. MAIDEN NAME Hary Jones	23. If death was due to external causes (VIOL ENCE) fill In also the following:
MOT	16. BIRTHPLACE (city or town) anne turndel Co	Accident, sulelde, or homicide? Date of injury, 19
Σ	(State or country) Md.	Where did injury occur?
17.	INFORMANT Springfreed state Hospital Records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAD	Manner of Injury
2	11 Belli Vous July 16, 1932	Neture of injury
19.	UNDERTAKER Jacking Cooks (Address) Baltimore Elle,	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED July 14, 19 32 Charry Wen Registrar.	(Signed) John M. Morris (Kiddress) (S.S.H.) arkesville Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Market Company	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE	OF	MARYLAND-	CERTIFICATE	OF	DEATH	0761
				•		6.0

1.	PLACE O			Ma		aberculosis Sanatorium,	
	County	Carro		202	Col-	ored Branch Registration Dist. No. 74	**********
	Village or C	ity H€	nryton	, Ma.	/1	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of res	idence in city	or town where d	eath occurred	Oyrs3.mos	626.ds. How long in U.S. if of foreign birth?yrsm	number)
2.	FULL NA	ME V	Villiam	Bess			
	(a) Residen	ice: No.	L523 E.	Madiso	n St., Ba	alto, Mdwerd	
				(Usual place	of abode)	If nonresident give city or town and	I State
-				CAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. 51	Male	4. COLOR	or race ored	s. single, MAR or divorce Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 18, 1932.	_, 199 (Yaar)
5a. I	f married, widow HUSBAND of	ved, or divorc	ed				
	(or) WIFE of					March 23, 1932 to July 18,	deceased from 1932
6. D	ATE OF BIRTH	(month. day	and year) Se	pt. 5.	1915	liast saw h im alive on July 18, 1932	: death is said
7. A			Months	Days	If LESS than	to have occurred on the date stated above, at 10.15, P.M.	-,
	1	.6	10	13	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	,
NO	8. Trade, profe	ssion, or par work done, a	ticular s SPINNER,	Labore		Pulmonary Tuberculosis	Date of onset
OCCUPATION	9. Industry or	, BDOKKEEP business in	which				Jan.,
5	SAW MII	s dona, as SII LL, BANK, etc	C				1932
000	10 Date deceas this occu year)	pation (mont	ed at h end	spar	me (years) it in this		
12. 1	BIRTHPLACE (ci	ty or town)	alston	berg,		Other Contributory Causes of Importance:	
m I	(State or cou			th Caro	lina		
HE -	13. NAME	Wile	V				-
	Handle Wiley Bess 14. BIRTHPLACE (city or town) Walstonberg, (State or country) North Carolina					Name of operation	eu!opsyZLO
TER -	15. MAIDEN NA	ME Lj	llie M	oye		23. If death was due to axternal causes (VIDL ENCE) fill in also the following	z:
MOTHER	16. BIRTHPLACE		m) Wals	tonberg	2	Accident, suicide, or homicide? Date of injury	, 19
2	(State or	country)	North	Carolin	9	Where did injury occur?	
17.1	NFDRMANT (Address)		E. Q'N lenryto		¥00	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PL	ACE.
18. E	BURIAL, CREMAT	11.	~ · · · ·	/		Manner of injury	
	Place//	Son	1.0.	Date Val	leg 21, 1932	Nature of injury	
19. U	INDERTAKER (Address)	719	while	Wis	him	24. Was disease or injury in any way ralated to accupation of deceased? If so, specify	no.
20. F	ILED 7/1	8/32		GOY uty Loc	Registrar.	(Signed) Thu DOME	ell M. D.
		C			CA min	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7

V. S. No. 1

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF BEATH County Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in providence or town where death occurred How long in U.S. if of foreign birth?_ PHYSICIAN RECORD. Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) PERMANENT (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 回 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE Months Days If LESS than to have occurred on the date stat I day. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Data of onsat 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. JO. 9. Industry or business in which back work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at no 11. Total time (years) this occupation (month end spent in this instructions occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or Name of operation (State or country) carefully What test confirmed diagnosis?. Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, plnods OF 18. BURIAL, CREMATION OR REMOVAL Manner of injury mation Date. 1-, 19.3.1 LION Nature of Injury 24. Was disease or injury in any related to occupation of deceased? 19. UNDERTAKER 🚄 (Address) (Address) ---Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Trope ATT V	9 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVE	N. BWRITE PLAINLY, WATH UNFADING INK-TH	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may
V. S. No. 1	N. BWRITE P.	mation shor	CAUSE OF

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 07617
1. PLACE OF DEATH	(J59)
County Carroll	Registration Dist. No.
Village or City New Wudsor	NoSt., Ward
Length of residence in city or town where death occurredyrs	If death occurred in a hospital or institution, give its NAME instead of street and number) is
2. FULL NAME Marces trajuaro	alkalin
(a) Residence: No. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR KACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
0 //	July 3 To , 1932 to July 9 Ti, 1932
6. DATE OF BIRTH (month, day, and year)	Wast saw hand alive on 1932; death is seid
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date graved above, at . 5.79. m.
Ø ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Jumilion Buth 7-3-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Do ate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and spent in this occupation)	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country)	7.
13. NAME COURSE DE	1/0.
13. NAME Cause Del	Name of operation
(State or country)	2 What test confirmed diagnosis? Was there an autopsy? 20
15. MAIDEN NAME Heley Halfield	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Howard Blackyn (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Puble Creek on Jaly 1932	Nature of injury
19. UNDERTAKER DE COMMENTARION ACTUAL COMPENSARION ACTUAL COMPENSA	24. Was disease or injury in any way related to occupation of decessed? 70 U
20. FILEO July 9 , 1932 Essen Burdul - Registrar.	(Signed) Mulmy Hothy M. D. (Address) Man
If more blanks are needed, address State Registrar	the second of th

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		150	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			-	
4 3 3 1 1 4				
	Link many fired pro	A ST. Company of		

1. PLACE OF DEATH		(131)
County Com	ell	Registration Dist. No.
Village or City	Punter.	No. St., Ward
Length of residence in city or	town where death occurred 14 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME M	argaret a. K	Bowerd.
(a) Residence: No.	James,	St., Ward.
DEDCOMAL AND C	(Usual place of abode	If nonresident give city or town and State
3. SEX 4. COLOR OF	R RACE 5. SINGLE, MARRIED, W	
Female Wh	or DIVORCED (genite	e word)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Later + Co	mais n. Bons	1 HEREBY CERTIFY. Thet I attanded deceased from 1932, to July 20, 1932
6. DATE OF BIRTH (month, day, and	(vear) 1861-6-18	Most santh an alive on July (& ST , 19 3 2; death is said
7. AGE Yeers		SS than to have occurred on the dete stated above, at
71	/ or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profossion, or perticukind of work done, as SI SAWYER, BOOKKEEPER,	PINNER. /4/	Engripellas (tall) 7/6
kind of work done as SI SAWYER, BOOKKEEPER, 9. Industry or business in whit work was done, as SILK SAW MILL, BANK, etc	ch	
SAW MILL, BANK, etc		
this occupetion (month as year)	nd spent in this occupation	
12. BIRTHPLACE (city or town)	new Hondon,	Other Contributory Causes of Importence: Clarific Repurities Some
13. NAME Longs	d J. Bucking	and there poisoning (file days) one
14. BIRTHPLACE (city or town) (State or country)	Unknown.	Neme of operation Date of Whet test confirmed diegnosis? Clinital West there en eutopsy? The
15. MAIDEN NAME Z	Menon	23. If daeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Unterm	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Phys. 6.	silia Hebr	Whera did injury occur?
(Address) T. T. J. 4	you in	Manner of Injury
Place II. phones	Quely Data of why ?	Nature of injury
19. UNDERTAKER 4-11/	1. Walter	24. Was disease or injury In eny wey reletad to occupation of daceased?
4.4/		(Signed) C TBellmarks M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	j		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 82
Village or City Near Ridge of No. 2FULL NAME alice V. Br	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 15, 1932 (Month) (Day) (Year)
6 DATE OF BIRTH April (Month) (Day) (Year)	I HEREBY CERTIFY, that I attended the deceased from 1987 to July 10, 1987.
4,	
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Le Rooking Drugh
10 NAME OF FATHER Arry Brady 11 BIRTHPLACE OF FATHER (Stato or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	(Signed). (Signed). *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death?
(Informant) Harry Brady (Address) MITT arry Brady (Address) MITT arry Brady (Address) MITT arry Brady (Address) MITT arry Brady (Address) MITT arry Brady (Address) MITT arry Brady (Registrar)	19 PLACE OF BURIAL OR REMOVAL Puney Grave Cem. July 17. 1932 20 UNDERTAKER A. M. Snyder mt any ma

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(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state Means of Injuly and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The n ture of the injury. as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

death is said and related causes of importance Date of onset 23. If deeth was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury In any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ward

193

I attended deceased from

(Yaar)

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis 1921 Cerebral bewerthese	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
Chronic interstitial nephritis 1921		
Chronic interstitial nephritis 1921	Run over by street car	, ,
C 1 11 1 C C C C C C C C C C C C C C C	1 1000 000 000 000	1 week ago
Cerebral hemorrhage July 5,1	Peritonitis	3 days ago
AUG 5 1439		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1	923 Gastroenteritis	1 year

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STATE C	OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH		23
County Careall		Registration Dist. No.
Village or City Lype		Nothing feeld state Norspetas
Langth of residanca in city or town whera	47/-	f death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long in U. S. of for algn birth?
2. FULL NAME OLA	R Carter	
(a) Residence: Np. Que	a Lea well	margaret 1
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewal Color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LLLY LO 193 2 (Month) (Day) (Yaar)
6a. If married, widowed, or divorced HUSBAND of (or) Wife of Milehed	& Canter	1 HEREBY CERTIFY, That I attanded dacaasad
6. DATE OF BIRTH (month, day, and year)	Ukril 27 1879	I last saw here alive on July / 2: 19.02; daath is
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated abova, at 3. 4.5 Am.
53 2	2 4 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular kind of work dona, as SPINNER.		Date of o
SAWYER, BODKKEEPER, etc.	Nam	Suberculasis of the 19
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9_industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc		Luge.
ID. Data dacaased last worked at this occupation (month and	11. Total tima (yaars) spant in this	
year)	occupation	Other Cautributory Causes of importanca:
12. BIRTHPLACE (city or town) MAK	yland.	Other Canada Vi Canada VI Iniportanca.
(Stata or country)	1	
II 13. NAME / while	Weath.	
13. NAME TURNE 14. BIRTHPLACE (city or town). Tha	ryland	Name of operation Date of
(State of country)	Pur and The	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). Ma	rayuas	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	sycano.	Accident, sulcida, or homicida?, 19
17. INFORMANT Dispetal	1 Keculs	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Agricult 18. BURIAL, CREMATION, OR REMOVAL Perhau Fill Mid	- Date July 2 2 193 2	Mannar of injury
V/ -/	0	Natura of injury
19. UNDERTAKER Washing	ston & C.	24. Was diseasa or Injury in any way ralatad to occupation of decaasad?
20, FILED July 2019 32 C	Harry Heer Registrar.	(Signad) March M. Clo

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 1532	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Carroll Village or City Burnett (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sungle Wildowed OR DIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
april 6, 18-60	that I last saw h smalive on July 27 1923
(Month) (Day) (Year)	and that death occurred on the days stated above, at
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
72. yrs. 3. mos. 2 / ds. or min. ?	The CAUSE OF DEATH 27 was as follows.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF Henry C. COOK	(Signed) M.D.
II BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER quargarily why	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
OF MOTHER Many Louis,	At place of death yrs. mosda. State,yrs mosda. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Geo. Cook	Former or usual residence.
(Address) Woodbene Ind	By an deubus Care, Jely 79, 193.7
Filed July 28 1932 TuaM. Hewitt	20 UNDERTAKER ADDRESS
11 more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various parsuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fremen, etc. But in many eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman', (b) Antomobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yes.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacium, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid nse of "Tumor" for mallguant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease eausing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debillty" ("Cougenital," "Senile," etc.), "Dropsy," "Enhaustion." "Heart failure," "Haemorrhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Uraemia." "Weaknes." ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septienemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. TH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, W

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	07623
County Carroll	Registration Dist. No. 76
Village or City W. Westminster	No. St. Ward
66	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where daath occurredyrsmos	ds. How long in U.S. If of foreign birth?
2. FULL NAME Josiah Parid O	row
(a) Residence: (No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wije the word)	21. DATE OF DEATH 28 193 (Year)
is If married, widowad, or divorced HUSBAND of Cora Vrowl-Seceased (or) WIFE of Cora Vrowl-Seceased	22. HEREBY CERTIFY That Lattended daceasad from
B. DATE OF BIRTH (month, day, and year) Selember 3-1863	1 Jest saw h Malive on
AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 3.15 m.
66 7 25- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of once
8. Trade, profession, or particular kind of work done, as SPINNER Ja Puan mfgr. SAWYER, BOOKKEEPER, atc.	granchitis gens
kind of work done, as SPINNER JUGUM Mfgr. SAWYER, BOOKKEPER, atc. 10. Date decased last worked at this occupation (month and 1946) Spent in this securation (month and 1946)	
10. Date decaasad last worked at this occupation (month and 1925- spent in this occupation occupation this occ	
DIDTINI ACT (silver love)	Other Contributory Causes of importanca:
(Stata ar country)	193
13. NAME Josiah Crowl	
13. NAME Joseph Growt 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oata of Oata of
(Stata of Country) //LD(What tast confirmed diagnosis? All Was there an autopsylls
15. MAIDEN NAME Suranniah CVerly	23. If death was due to extarnal causes (VIOL ENCE) fill In elso the following:
15. MAIOEN NAME Sucannah Everly 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of injury, 19
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CAMPS CAPUT R.F. X.	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18 RUPLAL CREMATION OF REMOVAL	Manner of injury
Place Wrider Gem. Date July 30,19 32	- Natura of injury
19. UNDERTAKER A Bankardon (Address) Westminister md	24. Was disease or injury in eny way related to occupation of deceased?
(Mudiess) Market Market	(Signed) Phas R. Tout M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	(8)	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ____ds. How long in U.S. If of foreign birth? _____yrs. ____mos. ____ds. Length of residence in city or town where death occurred. statement PHYSICIAN 2. FULL NAME Mary RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Yaar) 5a. If marriad, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I ettended daceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) properly If LESS than 7. AGE Yaars to have occurred on the date stated above, et __ 1 day . 1.6 hrs. The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importence or ____ min. were es follows: Date of onset -8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... plnods may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date dacaesad last workad at 11. Total tima (yaars) this occupation (month end spent in this yaar) _____ occupation (Stete ar country) FATHER 14. BIRTHPLACE (city or town) in plain (State or country) carefully What test confirmed diagnosis? Wes there an aulopsy? MOTHER 23. If death was dua to external causes (VIOL ENCE) fill in also the following: importani OF DEATH Accidant, suicida, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, plnods nestrunste (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE CAUSE mation Netura of injury. NOIL 24. Was disease or Injury In any way related to occupation of decaasad? 19. UNDERTAKER _/ If so, specify (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

isample 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis S A OVINOR	3 days ago
		Vac 3 1335	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

V. S. No. 1

ż

1. PLACE OF DEATH			(159)			
County Canroll	,,,		Registration Dist. No. 82			
Village or Oity Malerso.	elle		No. St., Ward			
Length of residence in gity or town where deat	h occurred	. (It	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?			
2. FULL NAME austilie	. To	A-	n min			
7	2040	roy D	St. Ward.			
(a) Residence: No.	(Usual place o	f abode)	St., Ware. If nonresident give city or town and State			
PERSONAL AND STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH			
Male Mate. 5.	OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) 23°4 (Day) (Yeer)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(22. HEREBY CERTIFY, Thet attended deceased from			
6. DATE OF BIRTH (month, dey, and year) 193	12 -7 -	1,	I last sew h wa alive on July 15 (2 , 19 3 2; death is seld			
7. AGE Years Months	Days	If LESS than 1 dey,hrs.	to heve occurred on the date stated above, at A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
	22	ormin.	were as follows: Date of onset Date of onset			
8. Trada, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Die mature			
No. Industry or business in which						
work wes dona, es SILK MILL, SAW MILL, BANK, etc						
		t in this				
yeer)	0000	pation	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) / (State or country)	land					
	vis.					
13. NAME Property Dates	oille.		Neme of operation Deta of			
(State or country)	laus	9,	Whet test confirmed diagnosis? Was there en eutopsy?			
15. MAIDEN NAME Thresa 2	Dheija	ley.	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:			
o 16. BIRTHPLACE (city or town)	ned!	1	Accident, suicide, or homicide?			
(State or country) Mare	claus	4-	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT Haters it	Lavis	id.	Specify whether injury occurred In INDÚSTRY, in HOME, or in PÚBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Pleca 1957, Olive Ceurt	bote I who	124-1032	Manner of injury Natura of injury			
19. UNDERTAKER G. M. Malf	Tay D		24. Was disease or injury in any way related to occupation of deceased?			
20. FILED July 23 1932 Of	d) dl	wider	If so, specify (Signed) M. D.			
		Registrar.	(Address) New Windson Ind.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example -I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis Alla	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUKEA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	N			

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

See instructions on back of certificate.

TION is very important.

mation should be carefully supplied. AGE should be stated EXACTLY.

PHYSICIANS should state

of OCCUPA-

	STATE	OF	MARYL	AND-	CERTIFIC	ATE	OF	DEATH
--	-------	----	-------	------	----------	-----	----	-------

1	. PLAC	E OF	DEAT	ГН			ulosis Sanatorium	(623)
	Count	y C	arro	011	C	olored B	ranch 2 Registration Dist. No. 74	
	Village	e or City	He	nryton,	Maryla	nd	No. (above) st.,	Ward
						_ (10	death occurred in a horpital or institution, give its NAME instead of street and n	umber)
9	FILL	NAM	F Ge	eorge Sv	vlvester	Dock	O Kar	
-						entwood.	Mot. Ward.	
	(a) 11	coluctice	. 110		(Usual place		If nonresident give city or town and	State
		SONA	LAN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	SEX			R OR RACE	S. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH July 29, 1932	
_	Male	, ,		olored	Sing	le	(Month) (Day)	(Year)
5a.	HUSBAN (or) WIF	D of	l, or divo	rced			22. HEREBY CERTIFY, That I attended (deceased from
_	(01) 1111	E 01					June 22, 19 19 10 July 29, 19	338
6. 1	DATE OF B	IRTH (m	onth, day	, and year) No	v., 10,	1914	last saw him alive on July 29, 1932, 19	; death is sald
7. /	AGE	Years		Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12.30 m.A.M.	
		1	-	8	19	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trade	8. Trade, profession, or particular kind of work done, as SPINNER, SAUGED SOLVER SOLVE					Pulmonary Tuberculosis	š
OCCUPATION	9. Indus	9. Industry or business in which						May
CUP				SILK MILL,				1932
Ö		is occupa	last wor	ked at		t in this		
year) occupation							Other Coutributory Causes of importance;	
12.	BIRTHPLA	CE (city		Brent Marvl				
W.	13. NAME		y)		olph Doc	k		
FATHER				Dlodo	nsburg	K		
FA	14. BIRTH	IPLACE (Maryl			Name of operation	
ER	15. MAIDI	EN NAM	E		e Green		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTH	IPLACE (city or to	wn) Rock	Point		Accident, suicide, or homicide? Date of Injury	
Σ		tate or c		Maryl			Where did injury occur?	
17.	INFORMAN	(T	Joh	n E. 0'	Neill,	M. D.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	
10	(Addre			ryton,	Md.	1 9		
18.	BURIAL, C	Bla	0 .	slower 93	ned fame	61 19 2	Manner of Injury	
		سز	£ 01	h	0		Nature of Injury	0
19.	UNDERTAI	~	n	adens	Bring	and	24. Was disease or injury in any way related to occupation of deceased?	
	41	1.1.	130	()	CAN	Daise	If so, specify (Signed) When When	/U M D
20.	FILED_//-	291.	7,1	9. Allan	Loc	Registrar.	(Address) Attacky on	und
			1	If more !	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ample I		Example II		
h and related causes)	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
AUG 4 1890	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street car	1 week ago	
REAUVE	July 5,1927	Peritonitis	3 days ago	
of importance:		Other contributory causes of importance:		
Gallstones		Gastroenteritis	1 year	
	h and related causes) ws: REALT V. g. of importance:	WS: A 1G	of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Of importance: Other contributory causes of importance:	

M

BINDING

FOR

MARGIN RESERVED

Jo pluods item ECORD, Every statement Exact classified. certificate. properly THIS of back may pluods on that instructions plain carefully very important. = OF DEATH mation should WRITE CAUSE

1. PLACE OF DEATH Village or City PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. RACE OR DIVORCED (write the word) 2× 1 idowed 5e. If merried, widowed, or divorced HUSBAND of unknown (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months If LESS than 1 day .____ hrs. or min. Trada, profession, or particular NO kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc., 11. Total time (years) LD. Data decaased last worked at spant In this 6/45 this occupation (month and occupation ___ 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Registrar.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Yeer) ERTIFY, That I ettended deceased from to have occurred on the date stated ebova, at The PRINCIPAL CAUSE OF DEATH end related causes of importance wera as follows: Date of onset Other Contributory Causes of importance: Was thera an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following _____ Date of injury__ Accident, sulcide, or homicida?___ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 24. Was disease or injury in env way related to occupation of deceesed

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: *Arteriosclerosis**	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		OBVIDDER	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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1	infor-	state	UPA-	
1	Jo 1	plne	OCC	
	iten	sho	Jo.	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RMANENT	XACTLY	classified.	ai .
	S IS A PE	stated F	properly	TION is very important. See instructions on back of certificate.
	SIII	be	be .	Jo 1
	INK-T	plnous ?	t it may	on back
	DING	L AGE	se tha	uctions
	UNFA	supplied	terms,	ee instr
	WITH	refully	in plain	ant. S.
	AINLY,	d be ca	DEATH	import.
	E PL.	shoul	OF 1	s very
	-WRIT	mation	CAUSE	TION i
	N. B.			

STATE OF MARYL	AND—CERTIFICATE OF DEATH	07629
1. PLACE OF DEATH		
County Daniel.	Registration Dist. No.	73
Village or City Offeren Artan	Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of the country o	st. W
Langth of residence in situ or town where death account	(If death occurred in a hospital or institution, give its NAME instead o	street and number)

1. PLACE OF DEATH	
County Daniel.	Registration Dist. No. 22
Village or City Of ear Artan Mulls	No. St. Ward
Longth of societies is abundanced by the state of the sta	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Still Born On	Jr
(a) Residence: No. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 29, 1993 2. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mall Burne	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is sain
1 day,hrs.	to have occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(XIII (XIIII)
9. Industry or business in which	TIMW O
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country)	
13. NAME Carry Fint	
13. NAME CALLER ENGLISH 14. BIRTHPLACE (city or town)	Name of operation
(State or country) tolerwill to List	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lines	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Surve States 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place on Securition Date July 30, 1957	Neture of injury
19. UNDERTAKER Edus Eigh	24. Was diseese or injury In eny wey related to occupation of deceased?
(Address)	If so, specify
20 FILED Gelf 2 98 1932 Calin Bankert,	(Signed) St hum Sleward M. I
Registrar.	(Appless) Oterminator Ind

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis . ALC 5 1439	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	5 - 11		
	and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PILYSICIAN
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No.	
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	Carroll					82	2	tion Dist. No.	74
	City Lyker	ille	•		No. 2h	ringful		St. AME instead of street	War
	esidence in city or town		ccurred	4 vrs 2 m	If death occurred	d in a horpital o	or institution, give its N J.S. If of foreign birth	AME instead of street	and number)
2. FULL N	(1)	iam (1	rish.					
(a) Resid	ence: No. Mrs	tromen		CFLICAL COLOR	St.	Ward.	Boya States	n montgomere	Co. ma.
DEDEC	NAL AND STA			ce of abode)		MEDIC		ident give city or town	
3. SEX	A. COLOR OR RA			ARRIED, WIDOWED,	21. DAT	E OF DEA		ATE OF DEAT	н
male	White	01	Pride	CED (write the word)			(Month)	// 3 (Day)	193 2 (Year)
5e. If married, wid HUSBAND o (or) WIFE of	0,1				22.	IHER	EBY CERT	IFY, That I atte	nded deceased fro
					may	1 .7=	, 1928 , to	July 113	, 19 3 2
	H (month, dey, and yea			1851	I last saw h	alive alive	on Inly		32; death is sa
		nths 7	Days	If LESS than I day,hrs	· The PRINC	IPAL CAUSE O	nte stated above, at 🔑 F DEATH and related		
				ormin.	were as fol		C + :	· .	Data olons Prior
	ofession, or particular f work done, as SPINN ER, BOOKKEEPER, etc.	ER, Car	rpen	ar	Lene	eral G	erter ios de	rosis	4
o. work	or business in which was done, as SILK MIL MILL, BANK, etc								april 1
O 10. Date deci	eased last worked at cupetion (month and		st	t time (years) pent in this cupation					
12. BIRTHPLACE	(City of town)	nown Igomer C	ē. 2m		1	ributory Causes	of importance:	A.L.	July 1.
1	Zenjamin R	Fish	~ · //·		-		Indden deat	1.	143
14. BIRTHPL		nkuvwn Md			Name of op	peretion 7	mu,	V Pymlonys V Pymlonys there	
~	NAME Susan	a .	-					E) fill in also the follow	
less I	CE (city or town)	Cakung						Date of injury	
1 (5:00)	or country)	ma			Where did i	injury occur?		ty or town, county and	d State)
17. INFORMANT (Address)	pringfula St.			corde/	Specify who	ether injury occ	urred in INDUSTRY, I	n HOME, or in PUBLI	C PLACE.
18. BURIAL, CREW	ATION, OR REMOVAL	nd Dat	e Je	ely/4/193	Menner of i				
19. UNDERTAKEN	Beulee	w Revil	lu	July		ase or injury lr	n any way related to o	occupation of decaased	17 2nv
20. FILED	1117.032	ON	an	u Ylees	(Signer	d) toh	n h. 1	norrie	

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Example I		Example II	100
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU Y. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	. PLACE OF					820			~./
	County Ca						Registration D		15
	Village or Ci	ty St	ykesvil	le, Md.		No. Springfield f death_occurred in a hospital or institution,	State	Hospista	Ward
	Length of resid	tence in cit	ty or town where d	eath occurred	3 yrs 1 mos	67	reign birth?	yrsr	nosds.
	. FULL NAM	ME RO	obert Fo	ox					
	(a) Residence	e: No	951 Broo	oks Lan	e, Baltin	lorst, Md. Ward.	If nonresident gi	ve city or town an	d State
(E-mills	PERSON	AL AN	D STATISTI	CAL PART	CULARS	MEDICAL CER	TIFICATE	OF DEATH	
	sex Male		R OR RACE	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Month)	.6 (Dey)	, 193 2 (Yeer)
5e	If merried, widowe HUSBAND of (or) WIFE of	ed, or divo	rced 21	nku	wu	22. I HEREBY C May 25, 1929			Et line
6.	DATE OF BIRTH (month, day	, and year)	lau 2	7 1872	I last saw him ative on Ju			€; deeth is said
7.	AGE Year	rs	Months	Deys	If LESS then	to heve occurred on the dete stated at	bove, 4:10	p.m.	
	60		1	19	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH a were as follows:	and related causes	of importance	Date ei onset
OCCUPATION	9. Industry or t	ork done, BOOKKEE ousiness in	es SPINNERIC (PER, etc which SILK MILL,	tioneer		Cerebral Hemor	rhage (Apoplex	y) Sudde
000	Date decesse this occupyear)	d last wor pation (mor	rked at nth end 1929	Sp6	ime (yeers) ent in this Life upation Life				**
12	. BIRTHPLACE (cit (State or coun	y or town). try)	Baltimo Mary Ia	ore City	7	Other Contributory Causes of important Involutional Me	*************	i a	Prior
ER	13. NAME MC	ses	Fox						to
FATHER	14. BIRTHPLACE	(city or to	wn)Gern	any		Neme of operationNon		Date of.	' 1989
-	(State or					Whet test confirmed diegnosis? Ex	aminati	QNWas there an	autopsy?_NQ_
HER	15. MAIDEN NA	WE RO	sa Neub			23. If death wes due to externel causes	(VIDLENCE) fill	in elso the foliowing	ng:
MOTHER	16. BIRTHPLACE (State or		w _{n)} Germa	ny	****	Accident, suicide, or homicide? Where did injury occur?			
17	. INFORMANT Sp. (Address)	ring	field S ville,	St. Hosp	. (Recor	Specify whether injury occurred in IN	IDUSTRY, in HON	own, county and St IE, or in PUBLIC P	ale) LACE,
18	BURIAL CREMAT	bus of R	o Cerr	Date Jul	Py 18, 1937	Menner of injury			
19	UNDERTAKER (Address)	Jan B	altin	ordl	me.	24. Wes diseese or injury in any way in it so, specify	related to occupe	tion of deceesed?	No
20	FILED Jaly	16.	1932. C	Harry	Mees Registrar.	(Signed) Amn (Address) S.S.N.	Pykesvi	the Md.	M. D.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy.	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory cover of in the	
May 1,1923	ar leading and his Marian	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy. 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

19. UNDERTAKE

20. FILED

(Address)

should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07632
1. PLACE OF DEATH	(5140)
County Carroll	Registration Dist. No. 707
Village or City near Keymar	NoSt.,Ward
(1)	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Length of rasidance in-city or town where to the occurredrsmos.	
2. FULL NAME /WW Ollya Verrick	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) with of Owner	193., to 193., 193. I last saw h. A alive on J.
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Other Coatributor, Canses of Importance: Name of operation What tast confirmed diagnosis? Was there an autopsy? 23. If daath was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? What edid injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18 BIIDIAL CREMATION OR REMOVAL	Marine at Labour.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, specify (Signed

24. Was disease or injury in any

(Address)

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: BUREAU Attack of epilepsy Arterioselerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago July 5,1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL CDACE FOR FIRTHER STATEMENTS BY DUVSICIAN

	ADDITIONAL SI ACE FOR FURTHER STATEMENTS BY THIS COM
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state infor-OCCUPAplnods PERMANENT RECORD. Every statement PHYSICIAN classified. O 62 certificate. properly THIS Jo may back plnods on that GE instructions 80 supplied. See plain carefully important. ıı DEATH PLAINLY very Should OF WRITE CAUSE mation LION

1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city of own whose death occurred How long in U.S. If of foreign birth? _____yrs. ____mos.___ ____ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO. 21. DATE OF DEAT OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated I day,hrs. 3 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate of oaset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc ... 10. Oata deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation __ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or fown) (State or country) MOTHER IS. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of Injury. 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY. In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury 19. UNDERTAKER (Address) If so, specily (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I VED	\	Example II	
The principal cause of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
The state of the s	Registration Dist. No. 7
The fact of	
Village or City New Yendy (No.	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and
FAIT 2/11	tion, give its NAME and stead of street and number.)
² FULL NAME Della Halle	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH
OR DIVORCED	July 2, 1952
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decensed from
July 22, 1932	
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than day hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	V. + +
8 OCCUPATION	(missarrias & X 3 mo)
(a) Trade, profession or particular kind of work	A Market Mary & J.
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsde.
2	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration)yrsde.
FATHER The House	(Signed) M. D.
o 11 BIRTHPLACE	7/2/ 1923-2 (Address) What had he
OF FATHER Z (State or country)	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME . C &'	Accidental, Suicidal or Homicidal.
of Mother Vivus Right	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
T/ > 1/4 '	Former or usual residence
(Informant) / Wouldes / Values	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address), Westmusto, My.	on verision 7/27, 1002
15 7/2 77 THE WOODWAN	20 UNDERTAKER / ADDRESS
Filed 1923 2 Registrar	thouton Hames Mother to
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of oceupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Scriant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEA E'C'US!NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJU.Y and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury. as fracture of skull, and consequences (e.g., scpsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF UEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	· au
IS A P	stated	properl	1101 Is very important. See instructions on back of certificate.
THIS.	ld be	y be	ck of
INK	shou	it me	on ba
ING	AGE	e that	tions
NFAD	plied.	erms, s	instruc
TH	lly su	olain t	See
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E PL	should	OF	s very
-WRIT	mation	CAUSE	TION

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	635
1.	PLACE OF DEA	TH	Maryl		rculosis Sanatorium	
	County Carro				Branch 2 Registration Dist. No. 74	
	Village or City_HG	nryton,	Maryla	nd	No. (above) St.,	Ward
	Length of residence in ci	ity or town where de	eath occurredQ	yrs2mos	death occurred in a hospital or institution, give its NAME instead of street and not be a death of street and not be a death of street and not be a death occurred in a hospital or institution, give its NAME instead of street and not be a death occurred in a hospital or institution, give its NAME instead of street and not be a death occurred in a hospital or institution, give its NAME instead of street and not be a death occurred in a hospital or institution, give its NAME instead of street and not be a death occurred in a hospital or institution, give its NAME instead of street and not be a death occurred in a hospital or institution, give its NAME instead of street and not be a death occurred in a hospital or institution, give its NAME instead of street and not be a death occurred in a hospital or institution.	sds.
2.	FULL NAME.					
	(a) Residence: No	1350 N.	Calhou	n St., B	alto., Moward.	
	PERSONAL AN		(Usual place	of abode)	If nonresident give city or town and	Stale
3. SE		R OR RACE		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
		olored		D (write tha word)	21. DATE OF DEATH July, 5, 1932 (Month) (Day)	, 198
5a. I	marriad, widowad, or divo	orced			4	(Yaar)
	(or) WIFE of	Rac	hel Jen	nings	22. I HEREBY CERTIFY, That I attended of	
6 D	ATE OF BIRTH (month, day	-	ly, 4,		April, 27, 1932, to July 5, 195	,
7. AC		Months	Days	If LESS than	to have occurred on the date stated above, at 12.15m. F.M.	; daath is said
	50	0	1	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
z	8. Trada, profession, or pa	articular	1		ware as follows: Pulmonary Tuberculosis	Date of onset
PATION	kind of work dona, SAWYER, BOOKKEE	PER, atc.	Laborer			
N N	9. Industry or businass in work was done, as S SAW MILL, BANK, a	STAR MARKANA SARTS	Unknown			Jan.
	O. Data deceased last wor	ked at	11. Total ti	me (years)		1932
	this occupation (mor	ntn and	spar occu	tinthis ————————————————————————————————————		
12. B	IRTHPLACE (city or town).	Baltimo			Other Contributory Causes of Importance:	
1	(State or country)	Marylan				
	3. NAME	Thoma	s Jenni	ngs		
₹ 1	4. BIRTHPLACE (city or to				Name of operation Data of	
× .	(Stata or country)	Maryl			What tast confirmed diagnosis? Was there an au	l'opsy?
벌ᆜ	5. MAIDEN NAME		le John	son	23. If daath was due to axtarnal causas (VIOLENCE) fill in also the following:	
2 1	BIRTHPLACE (city or town)	wn) West Maryl			Accident, suicida, or homicide? Data of Injury	, 19
	Tohn	B. O'N			Whare did injury occur? (Specify city or town, county and State)
	(Address) Henr	yton, M			Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN	CE.
18. BI	JRIAL, CREMATION, OR RE	EMOVAL	4/0	1 00	Manner of injury	
	Place	ubum	Date // 0	1932	Natura of injury.	
19. UI	NDERTAKER Tho	mas C	Ker	san	24. Was disaasa or injury in any way ralated to occupation of deceased?	0
	(Address) 730	3 /1	struc	m st	If so, specify	
20. FI	LED 7/5/32, 1	9 The	ull B	Muy,	(Signed) Whee	W.M.D.
	/	Deput	y Local	Registrar.	(Addrags) It Eugestow	und

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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of OCCUPA-

Exact statement

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.-WRITE PLAINLY,

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	-04	60	9	03
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Al	10	1)	1	200

1	. PLACE OF DEATH	(73)
	County Carroll	Registration Dist. No.
		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2	. FULL NAME Selen Jones	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
arminus	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 7 (Oay) (Year)
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. I	7 J 7 4 I day,hrs.	I last saw h alive on July 1952; death is sald to have occurred on the date stated above, at 1930. A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
OCCUPATION	8 Trede, profession, or particular kind of work done, as SPINNER, A howe, sAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Went alcofolism
	for Date decessed last worked at this occupation (month and year) BIRTHPLACE (city or town) Wison Birdy (State or country)	Other Contributory Causes of importance:
HER	13. NAME William Jones,	
FAT	14. BIRTHPLACE (city or town) Hamsollu / (State or country) Way land -	Name of operation Date of Date of What test confirmed diagnosis? Auguical Jundway there an autopsy?
MOTHER 12.	15. MAIOEN NAME & some Gassaway - 16. BIRTHPLACE (city or town) Itanisaille (State or country) Many land INFORMANT Italiane Johnson (Address) P. F. D. Mt. Ching, Mid =	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18.	Place Int 3 is benety Dele July 10 = 1932	Manner of injury Nature of injury
19.	UNOERTAKER 6. M. Maltz. (Addiess) Hrufield my.	24. Was disease or injury in any way related to occupation of deceased? 200
20.	FILED Kely 10, 193 12 IV W Sleyder Registrar.	(Signed) (Address) M. O. Aury Mil.
	If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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NIG 3 7 5.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones 30 Rt	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. WATH UNFADING INK-THIS IS A PERMANEN properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. -WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH County () And () Registration Dist. No. Willage or City Ayklandth () St., Ward Length of residence in city or town where deeth occurred () yrs. () God at the short of the sho
Village or City Ayklasıllı No. Marefulu alak Norhitau St., Ward Length of residence in city or town where deeth occurredyrs
Length of residence in city or town where deeth occurred
Length of residence in city or town where deeth occurred
2. FULL NAME Charles Albert Funch (a) Residence: No. 2407 & Charles (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Abit S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fig. 15 married, widowed, or divorced HUSBAND of (or) WIFE of Cor) WIFE
(a) Residence: No. 2407 & Chare (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE MEDICAL CERTIFICATE OF DEATH 3. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) White Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Months Corrected to have occurred on the date stated above, et. 5.0P m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Oats of onesat
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE That 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) Muknown Muknown 1877 7. AGE Years MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Dey) 1932 22. 1 HEREBY CERTIFY, That I attended deceased from 1932, to 1932 1 last sew h from elive on formal 1932; deeth is said to have occurred on the date stated above, et. 8.10P m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Oate of onesat
3. SEX 4. COLOR OR RACE Male 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Muknown 6. DATE OF BIRTH (month, day, and yeer) Muknown Muknown 1877 7. AGE Years Months Deys If LESS than 1 dey, hrs. or min. 1 dey, hrs. or min. 1 ST Trade profession or particular or marticular or min. 1 ST Trade profession or particular or marticular or min.
Male White OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown. 6. DATE OF BIRTH (month, day, and yeer) Nuknown Nukuron 1877 7. AGE Years Months Deys If LESS than 1 dey, hrs. or min. 5. S Nukuron Nukuron 1887. 1 dey, hrs. or min. 1 dey, min. 1 dey details said to have occurred on the date stated above, et. 8.10 P m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
HUSBAND of (or) WIFE of Unknown. 6. DATE OF BIRTH (month, day, and yeer) Nuknown Nuknown 1877 7. AGE Years Months Deys If LESS than 1 dey, hrs. or min. 1 dey, hrs. or min. 8. Trade profession or particular GT.
6. DATE OF BIRTH (month, day, and yeer) Mukuwan Mukuwan 1877 7. AGE Years Months Deys If LESS than 1 dey, hrs. or min. 1 I last sew h som elive on July 3/2 , 19.32; deeth is seld to have occurred on the date stated above, et \$.10 P m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
7. AGE Years Months Deys If LESS than 1 dey,
S Trade profession or particular of the profession of th
8 Trade profession or particular OC 4. Oats of onesat
8. Trede, profession, or particular with the sind of work done, as SPINNER, Travelling Delesman General Paralysis of the 1929
9. Industry or business in which work was done, as SILK MILL, Fin works Firm. SAW MILL, BANK, etc
work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at hubanan 11. Total time (years) 34
this occupation (month and 1929 spent in this year) occupation year)
12. BIRTHPLACE (city or town) Baltimone Other Contributory Causes of importence:
(State or country) Md.
13. NAME Turkwon
14. BIRTHPLACE (city or town) Baltimore Name of operation None (State or country) Natural news of abovelong fundings in the way there an authory? When test confirmed diagnosis?
whet test committee diagnosis: 2
Balting and
(State of County)
(Specify city or town, county and State) 17. INFORMANT Afringfuld state Norfital Records) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Zykewill, Mel 18. adrial, Cremation, or removal Manage of Injury
Battimuse Md. Oate Ling 3, 1952 Nature of injury
le HO le
19. UNDERTAKER 210. UNDERTAKER
Olas 30 Odlassel Here (Signed) John h. Marrix. M.D.
20. FILEO July 1937 Registrar. (Address) (S. J. H). Pykewille Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car O WINTED OF 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

OCCUPA-

Jo

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

60	-09	10	63	()
0	6	U	0	0

1. PLACE OF DEATH		(/3/)	
County Carroll	WITHIR CORROBATE	Registration Dist. No.	
Village or City Historia	ster	NoSt.,	Ward
Length of residence In city or town where death	//	death occurred in a hospital or institution, give its NAME instead of street and numbers. ds. How long in U.S. if of foreign birth?	
1. 2	occurred yrsmos	ds. Now long in 0.5, it of tolergin phote:	
2. FULL NAME PLASO	a. Manas	Call,	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (writethe word)	21. DATE OF DEATH (Month) (Dey) = .193	(Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Olevia H. M.	anahaw.	22. I HEREBY CERTIFY, Thet I ettended decer	ased from
6. DATE OF BIRTH (month, day, end yeer) 185	6-2-19	Hast sew Man elive on July 0244, 1932; del	ofh is said
7. AGE Yeers Months	Deys If LESS than	to heve occurred on the dete stated above, at 1/2 15 - Pr. m.	
76 5	// I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	te of enset
8. Trede, profession, or parficuler kind of work done, as SPINNER, fan	new (retired)	Chronic Intustitual repolaritis	ways.
J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, fav. kind of work done, as SPINNER, fav. Lindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Defe deceesed lest worked et this occupetion (month end yeer)	11. Totel time (yeers) spent in fhis occupation		
w. West	wines to	Other Coutributory Causes of imporfance:	~44
12. BIRTHPLACE (city or fown) (Sfefe or country)	land.	aneurgen involute seems	40
13. NAME Levi Tuan	ahan,	Urenin Coma 3	day.
13. NAME Seve Marie 14. BIRTHPLACE (city or fown)	Hindson	Name of operation Date of	P
(State or country) Tuc	yland-	Whef fest confirmed diegnosis? Climit Was there an autop	sy? les
15. MAIDEN NAME Eliza	Faile.	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Cliga (1) 16. BIRTHPLACE (cify or fown) March	Hundsor,	Accidenf, suicide, or homicide? Date of injury	19
(Stete or country)	land	Where did injury occur (Specify city or town, county and State)	
17. INFORMANT Mes . Jo . Olevico (Address) Westerning	ester, "red.	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL Plece St. James County	Total aug 2 , 1932	Menner of Injury	
19. UNDERTAKER 6. MI. Walls (Address) 2 Warfield	Fruid	24. Was disease or Injury In eny way related to occupation of deceesed?	a
FIT 12		(Signed) & Bullingally	M D
20. FILED / / 190 - 190	Registrar.	(Address) Whaten finter	sid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	a strainth of	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	(92-0)
County Carroll	Registration Dist. No. 74
Village or City Sykesselle mi	No. SHo factor St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsme	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME William - A - M El	phatrick #4- Plant 1 am
(a) Residence: No. Cumberland Tisk (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIYORCED (write the word) Single, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (youth) 30 24 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer)	Plast saw h six alive on 7-30 145 , 1932; death is seid
80 10 9 1 1 dey,hrs	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Musualty 9. Industry or business In which	artic Insufficiency July
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1932
this occupation (month and 431 spent in this ruft	
12. BIRTHPLACE (city or town) PEnuscylvania (State or country) unknown	Other Contributory Causes of Importance: Cerrbro arteria Selerosis to
II 13. NAME James TUC Elphatries	Seule Psychocis, 1928
13. NAME James THC Elphatries 14. BIRTHPLACE (city or town) Princesylvania (State or country)	Name of operation Date of Date of What test confirmed diegnosis?
15. MAIDEN NAME Jane Davidson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Jane Davidsan 16. BIRTHPLACE (city or town) Principly with the company of the c	Accident, suicide, or homicide?
17. INFORMANT Spring field State Hospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury woul
Grandberland Med. Date aug. 2, 19 3	Nature of injury — work —
19. UNDERTAKER Weer & Son Inc. (Address) Lukeaville md.	24. Was disease or injury In any way related to occupation of deceased? Zorse
20, FILED July 30, 193 Q CHarry New Registrat	(Signed) Ruhbert Pharm M.D. (Address) (8 8 H) y/cervile mid

-WRITE

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write nonc.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, ctc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy '8 'A NYHANH	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

AGE should be

is very important. See instructions on back of certificate.

TION

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	07640)
County Carroll	Registration Dist. No. 7/-	3.1
Village or City elluontown dist		Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrsmos	ds.
2. FULL NAME Nora Belle M	ic gu	
(a) Residence: No. Wor Wasa place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word)	21. DATE OF DEATH	
5a. If married, widowed, or divorced devocal	(month) (Day) (188	
HUSBAND OF Havy Fronc	22. I HEREBY CERTIFY. That I attended deceased	from 52
6. DATE OF BIRTH (month, day, end year)	I last saw her ative on 7 - 2 3, 1932; death i	s said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 4. A.m.	-
62 3 / 3 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	
8. Trade, profession, or particular	Date of	onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lauce Slomocks	
9. Industry or business in which work was done, es SILK MILL, / Lowe work SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation)		
12. BIRTHPLACE (city or town) Year Uniontown (State or country)	Other Contributory Causes of importance:	
± O	Name of operation Dete of	
[State or country]	What test confirmed diegnosis? Was there an autopsy?	
15. MAIDEN NAME Gleanor Laubert	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Gleany families 16. BIRTHPLACE (city or town) Carroll Co (State or country)	Accident, suicide, or homicide?, 19_	
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Laura man Hyle (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Danish Dumury Date July 97, 1932	Nature of injury	
19. UNDERTAKER H. Bankard & Son	24. Wes disease or injury In any way related to occupation of deceased?	
(Address) Westminster md.	If so, specify	
20. FILED July 26, 1932 Margaret R. Englas	(Signed)	.M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
115	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 17641
1 . 10 .	Pagistration Diat. No. 76
0. 15/1. T. T.	Registration Dist. No.
Village or City 1000 // Isluming	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	os
2. FULL NAME Mul	ler
(a) Residence: No. Westerwiter Md. P.F.	9. St., Ward.
(Usual place of a ledde)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Indeterminate White OR DEVORCED (write the word)	Month) (Oay) Th, 193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month day, and year) July 5, 1932	19
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
Steller I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillbow.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at 11. Totel time (years)	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this year)	
and to took	Other Contributory Causes of importance: Premature.
12. BIRTHPLACE (city or town) (State or country)	Tremalure,
- Santa - Training	
	N
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oate of Oate
15. MAIDEN NAME Mabel Bankard	What test confirmed diagnosis? Was there an eutopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Mary Land (State or country)	Where did injury occur?
17. INFORMANT Mrs. George Milberry (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ougrenises Date July 5-, 1932	Neture of injury
19. UNOERTAKER Mode A. Millon Stather	24. Was disease or injury in any way related to occupation of deceased?
4/01 22 1/11	(Signed) W. S. Astrice / M.
20. FILEO Registrar.	(Address) / Kastrustustus
	r, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	930
County Toarrall,	Registration Dist. No.
Village or City Syscerville	No. Spring fuld state Hrsycile Ward
Length of residence In city or town where death occurred 3 yrs.	If death occurred in a hospital or institution, give its NAME instead of street and number) is. / S. How long in U.S. if of foreign birth? / 3 yrs
m' 0 - 0 m1 00.	January 13 Jian Indian Ind
(a) Residence: No. 942 N. Laubard O.	Ballensione - md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Ellale While OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 1888 - June -? wue	044. 20
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 405 Pm.
44 / ? 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Chrance Choloseyeteling Date of onest
kind of work done, as SPINNER, Leborgy SAWYER, BODKKEEPER, etc.	Chrame Ylys cardilis 1931
Industry or business in which work wes done, as SILK MILL, Person. R. R.	
10. Date deceased last worked at this occupation (month and year) this occupation (month and occupation occupation occupation)	
12. BIRTHPLACE (city or town) Sceland. (State or country)	Other Contributory Causes of Importance: Epilepsy with Psychosis 1919
13. NAME Martin Wellegan	
13. NAME Martin Unlingare 14. BIRTHPLACE (city or town) State or country)	Name of operation Name What test confirmed diagnosis Clinical was there an autopsy? No.
15. MAIDEN NAME Calkerine Lavin 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT State Hoop, Record, (Address) Syptessille - ned.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / MUBAL Batylow / 19 38	Nature of injury
19. UNDERTAKER Mey of Lelly (Address) Sullium mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 30, 19 3 - CHarry Well Registrar.	(Signed) Delleman V. Trous M. D. (Address) State None, Systematical
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

B.—WRITE PLAINLY,

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M	ORD. Every item of infor-	t statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WIT	CAUSE OF DEATH in pla	TION is very important.

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 07648
1. PLACE OF DEA		WI	THE CONTORS	TH LIMITE &
County	arra			Registration Dist. No. / 6
Village or City	Was	trus	two	No. 191 Remuglearn aste Ward
Length of residence in ci	ty or town where d	eeth occurred	(II	death occurred in a horpital or institution, rive its NAME instead of street and sumber) ds. How long in U.S. if of foreign birth?
2. FULL NAME	Rel	6-	~///	
(a) Residence: No.	ma	15		St., Ward.
(a) Residence. No	- h wh- all Ma -	(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
male or	R OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If marriad, widowed, or divo HUSBAND of (or) WIFE of	rced		1	22. I HEREBY CERTIFY, Thet I attended deceased from
. DATE OF BIRTH (month, de	end veer)			
. AGE Years	Months	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the dete steted above, at 430 . W. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or pe kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, ess SAW MILL, BANK, of 10. Data deceesed last wor this occupation (mol yaer)	as SPINNER, PER, etc which ILK MILL, itcked at	11. Totel ti	me (yeers) t In this	Prolapsed Umbilical
2. BIRTHPLACE (city or town) (State or country)	mes	man	TU	Other Contributory Causes of importence:
13. NAME	h Paul	Ones	yo .	Name of operation Therefore Parties Defroit Walks and
(Stete of country)	m	in In	h.	What test confirmed diegnosis?
15. MAIDEN NAME	shy Ble	uch al	frich	23. If deeth we's due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or to (State or country)	wn) Plugs	monly	y	Accident, suicide, or homicide?
7. INFORMANT (Address)	Sh P	dive	uis Mil	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR R	and .	Date Ind	121,132	Menner of injury
9. UNDERTAKER (Address)	repla	Mour	eios	20 Wes disease or injury in any wey releted to occupetion of decaased?
20, FILED 7/2 , 1	32/	Loos	Jee Registrate.	(Signed) Char R Tout M. D
1	If more b	lanks are needed, as		2411 N. Charles Street, Baltimore, Requestion V. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy S A OVANA Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 uear

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	()
1. PLACE OF DEATH	93-0	
County Carroll Coc	Registration Dist. No.	7
10011	100	

County Carroll County	Registration Dist. No. 74
Village or City (S. S. H) Sykes of lle - me	No. Spring field State Voop St., Ward death occurred in a hospital of install of street and number)
,	14 ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME George C. Peif	er to.
(a) Residence: No. Codeville and R. H. (Usualplace of abode)	M. nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Widowed	July 26, 1932 (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Jesse Peifer	22. I HEREBY CERTIFY, That I attended deceased from Sully #3 - 1932 to July 26 - 1932
6. DATE OF BIRTH (month, day, and year) Dec 7-1872	Hast saw heart alive on Turky 6 1932 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 5 45 Q.m.
59 7 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Colling will works. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Right side hemiplegia 7/26/32
SAW MILL, BANK, etc	rhage (apoplexy.)
12, BIRTHPLACE (city or town) Perry	Other Contributory Causes of importance:
(State or country)	Fatty degeneration read \$ 1932
13. NAME With Peifer	Ctrypuite myocarditio
14. BIRTHPLACE (city or town) Penny (State or country)	Name of operation No yell Date of What test confirmed diagnosis? Physical signs Was there an autopsy? Ho
15. MAIDEN NAME Catherine Shaffer	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Penn!	Accident, suicide, or homicide?
17. INFORMANT Mrs. Dorothy Coulter (Address)/420 M. st. n. w. Waster, D.C.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18 BURIAL, CREPATION, OR REMOVAL Date July 28, 1932	Manner of injury
19 UNDERTAKER St. W. Deal.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Washington S. C.	If so, specify
20. FILED July 26, 1932 CHarry Heer	(Signed) Market & Harry M. D.
Registrar.	(Address) (SSH) Syklamill, mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSMSOSK	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	AN
	•
	4 4

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. A PERMANENT properly classified. TION is very important. See instructions on back of certificate. TH UNFADING INK--THIS pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. PLAINLY, B.—WRITE

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAN	ND—CERTIFICATE OF DEATH 07645
1. PLACE OF DEATH	- Ta
County Darroll	Registration Dist. No. 16
Village or City. Westminster	NoSt.,Ward
Length of residence in city or town where death occurred 33 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME William J. Phillip	hs
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	
5aIf married, widowed, or-divorced HUSBAND of (or) WIFE-of alicy L. Phillips Steeses	22. HEREBY CERTIFY. That I attended deceased from 19.32, to forcy 3 , 19.32.
6. DATE OF BIRTH (month, day, and year) 1005. 13 185	8 I yast saw hare alive on June 13 1952, death is said
	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Teads profession or particular	aselval Hunosilvage Oata of onset
S. Frade, profession, or particular kind of work done, as SPINNER, battle Plater SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) (State er country)	Other Contributory Causes of importance:
13. NAME David Phillips. 14. BIRTHPLACE (city or town)	
(State of country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Louisa Keefer.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Charles W. King	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL Place Triders Gem. Date July 5	Manner of Injury
19. UNDERTAKER HBankard & Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 7/4, 19.3 2 Alle on Jan	(Signed) Duny Sfinite M. C. M. C. (Address) Messins May
	1/

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		*deAres	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA. item of infor-

County Lacutace

Village or City.

	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) 193 2 (Year
	5a. If married, widowed, or divorced HUSBAND of HUSBAND	22. I HEREBY CERTIFY. That I attended deceased Cofw, 30, 1932 to July 1, 19.
1	6. DATE OF BIRTH (month, day, and year) 700 30 - 1873 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ a.m.
	39 J / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Outmonary Intracelous 192
-	B. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc	
	this occupation (month and 1928 spant in this occupation 2144	Other Contributory Causes of Importance:
	12. BIRTHPLACE (city or town). Hamfoliad. (State or country) Praying and.	
1	13. NAME Nicholas Phraman 14. BIRTHPLACE (city or town) Harsifished (State or country)	
	I 14. BIRTHPLACE (city or town) / turs fished	Name of operation Date of Was there an autopsy? Was there an autopsy? Date of
1	15. MAIDEN NAME Charlotte, V. Willelin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	15. MAIDEN NAME Charlotte V. Willeline 16. BIRTHPLACE (city or town) M. Carriel	Accident, suicide, or homicide?
	(State or country) museflund.	Where did injury occur?(Specify city or town, county and State)
-	17. INFORMANT Ascholas Dunaman.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
-	18. BURIAL, CREMATION, OR REMOVAL Place Inclument Modale July 3, 1932	-Manner of injury
	19. UNDERTAKER Eder Official	24. Was disease at Injury in any way related to occupation of deceased?
	20. FILED July 1 , 1922 . S. acister Resistrar.	(Signed) Again Mt. Dyddie (Address) Handslead Mid

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH

Registration Dist. No.__

No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 12 12 13			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

160	7	64	7
111/05	6	C T	Ø.

1. PLACE O	F DEATH			, 23)	
County_C	arroll	Mar	yland Tub	erculosis Sanatorium Dist No. 74	
Village or	City Henryton,	Md.	Colo	red Branch	Ward
			O (H	death occurred in a horpital or institution, give its NAME instead of street and	number)
			yrsmos	:ds. How long in U.S. if of foreign birth?yrs	iosds.
			Dol+0	PAA	
(a) Reside	nce: No. /ZU Han				10.
PERSOI	NAL AND STATIST				1 Diate
3. SEX	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED.	21. DATE OF DEATH	
Female	Colored	Single	D (write the word)	July 8, 1932.	., 199
5a. If married, wido	wed, or divorced				
(or) WIFE of				July 6. 1932 CERTIFY That attended	deceased from
C DATE OF BIRTH	(av 28.	1910	Am Tilly 8 1039	, 15
		1		I last saw it dilag fill	.; death is said
2		10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
9 Trade profe	Cusual place of shocks PERSONAL AND STATISTICAL PARTICULARS A COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				
kind of SAWYER	K, BUUKKEEPEK, etc				April
S. Hade, p. of SAWYES 9. Industry or work was SAW MI 10. Dato decease this open	business in which as done, as SILK MILGEN	eral Ho	usework		1932
SAW MI	LL, DAIN, elc				
	upation (month and	sp3	nt in this		-
12 PIRTINI (CC/	Centre			Other Contributory Causes of Importance:	
	intry) Mary	land			-
13. NAME	Lemuel Robe	rts			
14. BIRTHPLAC			,	Name of operation Date of	
(State o					
15. MAIDEN NA	11112			23. If death was due to external causes (VIDL ENCE) fill in also the following	g:
16. BIRTHPLACE	E (city or town)			Accident, suicide, or homicide? Date of injury	, 19
			D.,	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
		, Ma.			
Place C	ity Morque	Dato	7/8-1932		
	2 ×11	1,	7		0
19. UNDERTAKER _= (Address)	5 78.00	Ri Illo	- 5/		
20. FILED 7/8/	132 . (14)	. Com	M' · ·		W Mn
ZU. FILED	13-6 14-6-W	v Local	Registrar.		wed,
			address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	title of the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE	OF MARYLAND—CERTIFICATE OF I	DEAT
	Manufand makement and construction	

MARYLAND—CERTIFICATE OF DEATH	07648
rvland Tuberculosis Sanatorium	

:	. PLACE OF DEA				ulosis Sanatorium	
	County Carro	11	C	olored B	ranch Registration Dist. No. 74	
	Village or City_H	enryton.	Maryla	nd	No. (above)	Ward
				(li	death occurred in a hospital or institution, give its NAME instead of street and n. 3. ds. How long in U.S. if of foreign birth?	umber)
	2. FULL NAME				n to the	5,ua-
-	(a) Residence: No.			ameri and		
	(a) Residence: No.	OMITTES IN	(Usual place		St., Ward. If nonresident give city or town and	State
	PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		or or race		RIED, WIDOWED, O (write the word) 1ed	July, 11, 1932 (Month) (Day)	. 198
5a	If married, widowed, or div HUSBAND of	vorced				
	(or) WIFE of	Eleno	ra Roys	ter	22. I HEREBY CERTIFY, That I attended of June 8, 1932, 19 to July 11, 19	deceased from
6	DATE OF BIRTH (month, d	av end year) M	arch. 4	. 1883	im Tuly 11 1032	: death is said
-7-4	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 10.40 m.P.M.	, doeth is said
	49	4	7	1 day,hrs.	The PDINCIPAL CALICE OF DEATH and related causes of importance	
z	8. Trade, profession, or		- 1		were as follows: Pulmonary Tuberculosis	Date of onset
E.	kind of work done SAWYER, BOOKKE	EEPER, etc.	Laborer			
UPA	9 Industry or business work was done, as	SILK MILL.	Unknown			April
OCCUPATION	SAW MILL, BANK, 10. Date deceased last w	orked at	11. Total ti	me (years)		1932
-	this occupation (m	onth and		ntin this pation		
12	BIRTHPLACE (city or town	Varin	a.		Other Contributory Causes of Importance:	
_	(State or country)	North	Caroli	na		
TER.	13. NAME	Seth	Royster			
FATHER	14. BIRTHPLACE (city or	town) Unkno			Name of operation	
_	(State or country)		Caroli		What test confirmed diagnosis? Was there an ad	ulopsy? O
HE	15. MAIDEN NAME		y Downe	У	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or (State or country)	town) Unkno	Caroli	ne	Accident, suicide, or homicide? Date of injury	, 19
					Where did injury occur? (Specify city or town, county and State)
17	110 VIIII/111	hn E. O'nryton.			Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLA	CE.
18	BURIAL, CREMATION, OR		/	4	Manner of injury	
	Place Mr. du	Mun	Date Vu	4/00,1932		
19	UNDERTAKER LOC	mil	'eas	Tone	24. Was disease or injury In any way related to occupation of deceased?	0
	(Address) 9/6	Perch	astro		If so, specify	
20.	FILED 7/11/32	19 Muy	(Cen	neice.	(Signed) Thu Coft Neger	UM. D,
		Denu	ty Loca	Registrar.	(Address) Attemston	reed,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	: 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SCREAT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

19. UNDERTAKER (Address)

infor-

OCCUPA

Jo

plnods Jo item

(93-c)	Registration Dist. No. 79
No.	St. Ward
(If death occurred in a hospital or institution	on, give its NAME instead of street and number)
nosds. How long in U.S. if of t	foreign birth?ds.
St.,Ward.	If nonresident give city or town and State
MEDICAL CE	RTIFICATE OF DEATH
21. DATE OF DEATH	C
- Jul	(Month) (Day) (Year)
to have occurred on the data stated	
The PRINCIPAL CAUSE OF DEATH wera as follows:	and related causes of importance
)
Cause of De	at Untangun
Other Contributory Causes of import	
Name of operation	Rolic
	Was thera an autopsy?
23. If death was due to external cause	(VIOL ENCE) fill in also tha following:
Where did injury occur?	me /
	(Specify city or town, county and State) NDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury	e
Nature of injury 7-72	Q
24. Was disease or injury in any way	related to occupation of deceased? %
If so, specify	
(Signed) G. Henry (Address) Unio	on Philles, and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant private family conditioned etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as (employee," "worker," the particular kind of work done and return that as spinner was a temployee," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
VDDITIONVI	SI MUL FUR	T. O BY I TITLIFE	SIAILMELMIS	13.1	FILISIUIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carroll WITHIN CORPORE	Registration Dist. No.
Village or City Westminster	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
5a. If married, widowed, or divorced 4. Shiples	(Month) (Oay) (Year)
(or) WHITE of Paula O	June 1 1932 10 July 9 1982
6. DATE OF BIRTH (month, day, end year) While 7. 18.66	Visit saw h Loss elive on July 9 ,193 1, death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stetad above, at 9.30 km.
76 3 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Protobly cornary unfolision
work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Oate decessed lest worked at this occupetion (month and year) year) Occupation	Me, sended by immediate collapse.
12. BIRTHPLACE (city or town) (Steta er country) Garroll Go. and.	Other Contributory Causes of Maportance:
13. NAME of arken Thipley 14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation Data of
(State of County) With 12 Mingle BO FINA.	What test confirmed diegnosis? Was there an aulopsy?
15. MAIOEN NAME Harrietto Harmon 16. BIRTHPLACE (city or town) (State or country) Ann anydet bo. Ind. 17. INFORMANT Daul Shipley (Address) Wystminster md.	23. If daath was dua to extarnel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL PIECKISTMINISTER GEM: Oata July 11, 1932	Manner of injury
19. UNDERTAKER ABankard for (Address) Westminster md.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO. 7/9, 19.32 ************************************	(Signed) Muny Lise Follows M. D. (Address) Western uss the high

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car S A NYHHOR	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		VIIE 3 1035	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1	
1	
3	

-WRITE

V. S. No. 1

1.	my	10	pm.	4	
- 17	6	6	0	L	

1. PLACE OF DEATH	(2)
County Carrell	Registration Dist. No. 78
Village or City / anextourn Md. Length of residence in city or town where death occurred yrs	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Emma Josephin	Shrines
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OR DIVORCED (write the	word) 21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Nov. 1- 1931, to July 22, 1932
6. DATE OF BIRTH (month, day, and year) Oct 18 - 186	I last saw has alive on July 22, 19.22; death is said
7. AGE Years Months Days If LES	S than to have occurred on the date stated above, at S m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spend in this occupation (month and spend in this companion).	us Chronic Bright Disease
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Pleurisy-Nove 1931
13. NAME John / hamos & hrines	
13. NAME John / hamas & hrines 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Henrietta Shormal	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) ————————————————————————————————————	Accident, suicide, or homicide?
17. INFORMANT Mrs. Same Bishof	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Tangetown Date July 25	Manner of injury
19. UNDERTAKER Of Auss	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 25, 1982 Mary B. With &	estate (Signed) & a Stult M.D. Mirrary (Address) Wood band 211 d.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	I week ago
Chronic interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		11.50	
		1 202	4
Other contributory causes of importance:		Other contributory causes of importance:	السالم
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA-1. PLACE OF DEAT pluods Registration Dist. No. item Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. How long In U.S. if of Ioreign birth?______mos.____ds. Langth of rasidence in city of town where death occurred statement SICIAN RECORD. PHY If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) marino 5a. If married, widowed, or divorced BINDIN HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Year: Months Days If LESS than FOR to have occurred on the date stated above, at _5 stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8 Trade, profession, or particular THIS. TION RESERVED kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. be may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 2 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation ... instructions MARGIN 12. BIRTHPLACE (city or town) (Stata or country) terms, HER 13, NAME FAT See 14. BIRTHPLACE (city or town) in plain (State or country) carefully What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If daath was due to external causes (VIOLENCE) fill in also tha following: OF DEATH 16. BIRTHPLACE (city or town) Accidant, suicida, or homicide? ____ Date of injury _____ (State or country Where did injury occur? should be Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, -WRITE Manner of injury CAUSE mation NOIL Natura of injury 24. Was diseasa or injury in any il so, specify Registrar.

Ward

(Year)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exan	iple 1		Example II			
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	15 14 A 35 15 A	1091	Run over by street car	1 week ago		
Cerebral hemorrhage	P. TILL	July5,1927	Peritonitis	3 days ago		
	1881 933 Television 1983					
Other contributory causes of	mportance:	G M	Other contributory causes of importance:			
Gallstones	TRUTTING.	Maria 1923	Gastroenteritis	1 year		

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

be properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	7	6	5	3

1. PLACE OF DEATH		2.3	- 1
County Carreall		Registration Dist. No.	lastin
Village or City Ay Resur Length of rasidance in city or town whera daat	A 6 (IF	Not being feels tale haseful death occurred in a hospital of institution, give its NAME instead of street and number of the hospital of the ho	mber) ds.
2. FULL NAME The	Maldere	uan	
(a) Residence: No. 22/5	Last Lombs (Usuai place of abode)	Ward. St., Ward. If nonresident give city or town and St	Med.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
female white	OR DIVORCED (write the word)	21. DATE OF DEATH July (Month) (Day)	193 Z- (Year)
/5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Camuell (/alderman	22. HEREBY CERTIFY, That I attanded de	eceasad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 7, 22 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	death Is said
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last workad at this occupation (month and	Maul	Tuberewases of Lung	1932
SAW MILL, BANK, atc 10. Date daceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		~~~~
12. BIRTHPLACE (city or town) Person (State or country)	eia	Other Contributory Causes of importance:	1922
II 13. NAME Jasefel Mi	brude	The second secon	
14. BIRTHPLACE (city or town) (Stata or country)	sia	Name of operation	
~	come	What tast confirmed diagnosis? Was there an aul 23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy?
16. BIRTHPLACE (city or town) Personal (State or country)	Resold	Accidant, suicida, or homicide? Date of Injury Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurrad In INDUSTRY, in HOME, or in PUBLIC PLACE	
18, BURIAL CREMATION, OR REMOVAL Made Assured, Med.	Data July 9, 1937	Mannar of injury	
19. UNDERTAKER TO THE CANADA CONTROL OF THE	vis ne md.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 2019 7 193 2 CO	tany It see Registrar.	(Signad) Marid M. Religi (Addrass) Syperacula Md	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 10		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importants:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 7551 C 3114	3 days ago
Other contributory causes of importance:	M 1000	Other contributory causes of importance:	1
Gallstones	May 1,1923	·	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
County Carroll.	Registration Dist, No.
Village or City Sythesville	No
	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Ellen m. Warof	ild
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSPAND of Wade & D. Warfield	22. I HEREBY CERTIFY. That I ettended deceesed from Luly / 2 1932, to July 23 1932
6. DATE OF BIRTH (month, day, end year) NOV - 27. 18 73	I lost saw har elive on July 23 , 1932; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date state above, at 3. 4.5 P.m.
58 7 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Carcinoma of bowel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this necessarian (month and	\frac{1}{2}
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Wheeling (State or country) West House	A.
13. NAME John Waterhouse	***************************************
13. NAME John Watchouse 14. BIRTHPLAGE (city or town) (State or country) W 9/9/	Name of operation Exploratory Date of Dec-1729
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Y relief	23. If deeth wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country) W. Va.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Nade J. D. Warfuld	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18 BURIAL CREMATION OR BEMOVAL) SUPPOSE SUPPLIED OF DATE July 25, 1932	Manner of injury
19. UNDERTAKER New Asia Sur. (Address) Suresville Sud.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 73, 1932 CHarry Herr Registrar.	(Signed) The Morrison M.D.
Registrar.	(Address) Caussy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of conset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 AUG 4 190	July 5,1927	Peritonitis	3 days ago
	BURLAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT RECORD BIND FOR MARGIN RESERVED WRITE PLAINLY

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Lawoll	CERTIFICATE OF DEATH
w.X.10	Registration Diet. No.
Village or City May MM, WV (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME Is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEY 4 COLOR OR PACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
Finale white (Write the word) Single	16 DATE OF DEATH JULY 1932 (Month) (Dsy) (Year)
gare 9, 1932	I HEDBY CERTIFY, That Latended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 5 Pm.
yrs. moa. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	(Premetres)
(b) General nature of induatry business, or establishment in which employed or (employer)	(Durstion)yrs,mosds.
9 SIRTHPLACE (State or country) maryland	Contributory Secondary Contributory Secondary Durstion Jes Durstion Jes Durstion
10 NAME OF Jra Wilson	(Signed) (Miller Voole M. J. 7- 2- 3 Goo (Address) Mit Oir, Sud
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Distase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER mystle Gue	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ira Wilson	Former or usual residence
(Addresa) mt airy md	Pener Grove Cen. July 2, 1932
15 Filedfuly 2 19232 It Duyder Registrar	20 UNDERTAKER LADDRESS II. M Smyder Mt airy md
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the dis-EASU CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJULY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railwoy train accident; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The n ture of the injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY.

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1	-,	18	-	(4)
1	6	U	C	1

County Walage or City Mean Mark as a survey of the County Walage or City Mean Mark as a survey of the County of th	1. PLACE OF DEATH	940
Langth of residance in city or town whate dash occurred. 2. FULL NAME. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COLOR OR RACE S. SINCLE MARRIED, WIDOWED. OR DYORCED (write that saye) S. If married, widowad, or divorced (cop-bailtee) (cop-bailtee) (cop-bailtee) (cop-bailtee) (cop-bailtee) (cop-bailtee) S. Trada, profession, or particular S. Months Days If LESS than of the control of the	County Garroll	Registration Dist. No. 75
Langth of residence in city or town where death occurred		
(a) Residence: No. (Usualpiace of aboda) PERSONAL AND STATISTICAL PARTICULARS J. SIX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOVED. OR DIVORCED Course the way of the state		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the way of) OR DIVORCED (write the way of) OR DIVORCED (write the way of) Sa. If married, widowed, or divorced (co)-wife-ex (co)-wife-ex (co)-wife-ex 8. DATE OF BIRTH (month, day, and year) OR DIVORCED (write the way of) S. If and profession, or particular (co)-wife-ex 1 day. 8. Trade, profession, or particular (co)-wife-ex 8. DATE OF BIRTH (month), day, and year) 9. Security (co) wife-ex 8. DATE OF BIRTH (month), day, and year) 10. Date Geoscian (co)-wife-ex 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INDRMANT 18. BURIAL, OREMATION (OR REMOVAL Place FORMATION (OR REMOVAL Place FO	71 101	Wink
3. SEX 4. COLOR OR RACE OK DIVORCED (which study) 5. If married, widowad, or divorced HUSPATO of MORE HUSPAT		
Sa. If married, witowad, or diverced HUSBAN (act). What I attended decased from the first of the	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. DATE OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 9. DATE OF BIRTH (month, day, and year) 9. Days 11 LESS than 12 Less aw harmony 13 Less aw harmony 15 Less aw harmony 15 Less aw harmony 15 Less aw harmony 15 Less aw harmony 16 Less aw harmony 17 Less aw harmony 18 Less aw harmony 18 Less aw harmony 19 Less aw harmony 10 Less aw harmony 1	OR DIVORCED (write tha word)	Jeely 10 ,193:2
7. AGE Years Months A A A A A A A A A A A A A	HUSBAND of Magand To Carl	
8. Trade, profession, or particular Mind of work done, as SPINNER. Wheelward Mind of Work Mind o	6. DATE OF BIRTH (month, day, and year) Oct. 12 1842	Vast saw h Anamour Class 1932; death is seid
S. Trada, profession, or particular kind of work doma, as SPINNER. Meelward SAWYER, BDDKKEPER, etc. Sawyer, BDDKEPT, E	CO 9 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca
Description Descri	8. Trada, profession, or particular kind of work dona, as SPINNER, Wheelwight	death when sallived
Description occupation Description Descrip	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	hart avoided
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20. FILED 1, 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car -	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis · 70.5 1.5 50.4	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year